

LYME DISEASE REPORT

Patient's Name _____ Telephone No. _____

COUNTY
REPORTING: _____

DATE OF REPORT: Mo. DAY YR.
 - -

PATIENT INFORMATION

ADDRESS _____ CITY _____

COUNTY _____ STATE/ZIP _____

DATE OF BIRTH

AGE

SEX

RACE

Mo. DAY YR.
 - -

☐ MALE

☐ FEMALE

☐ BLACK (NOT HISPANIC)

☐ BLACK (HISPANIC)

☐ WHITE (NOT HISPANIC)

☐ WHITE (HISPANIC)

☐ ASIAN

☐ A. INDIAN

WAS / IS PATIENT PREGNANT?

☐ YES

☐ NO

☐ UNKNOWN

OCCUPATION _____

CLINICAL HISTORY

DATE OF ONSET OF ILLNESS Mo. DAY YR.
 - -

EARLY SIGNS AND SYMPTOMS

FEVER

☐ YES

☐ NO

☐ UNKNOWN

HEADACHE

☐ YES

☐ NO

☐ UNKNOWN

SORE THROAT

☐ YES

☐ NO

☐ UNKNOWN

NAUSEA / VOMITING

☐ YES

☐ NO

☐ UNKNOWN

MYALGIA

☐ YES

☐ NO

☐ UNKNOWN

STIFF NECK

☐ YES

☐ NO

☐ UNKNOWN

LYMPHADENOPATHY

☐ YES

☐ NO

☐ UNKNOWN

SKIN MANIFESTATIONS?

☐ YES

☐ NO

☐ UNKNOWN

IF YES, DATE OF ONSET

Mo. DAY YR.
 - -

ECM/ERYTHEMA CHRONICUM MIGRANS (RED CIRCULAR EXPANDING LESION(S) WITH CENTRAL CLEARING)

☐ YES

☐ NO

☐ UNKNOWN

NUMBER OF LESIONS

DIAMETER OF LARGEST LESION(S) (CM)

LOCATION OF LESION(S) _____

OTHER SKIN LESIONS OR RASH?

☐ YES

☐ NO

☐ UNKNOWN

IF YES, DESCRIBE: _____

NEUROLOGIC MANIFESTATIONS?

☐ YES

☐ NO

☐ UNKNOWN

IF YES, DATE OF ONSET

Mo. DAY YR.
 - -

(CHECK ALL THAT APPLY)

BELL'S Palsy

☐

MENINGITIS

☐

ENCEPHALITIS

☐

PERIPHERAL NEUROPATHY

☐

OTHER: _____

CSF RESULTS OR OTHER LABORATORY RESULTS: _____

CARDIAC MANIFESTATIONS?

☐ YES

☐ NO

☐ UNKNOWN

IF YES, DATE OF ONSET

Mo. DAY YR.
 - -

(CHECK ALL THAT APPLY)

PALPITATIONS

☐

CONDUCTION DEFECTS

☐

MYOCARDITIS

☐

LEFT VENTRICULAR DYSFUNCTION

☐

EKG OR OTHER RESULTS: _____

ARTHRITIS?

☐ Yes ☐ No ☐ UNKNOWN

IF YES, DATE OF ONSET

☐ ☐ - ☐ ☐ - ☐ ☐

JOINTS INVOLVED (CHECK ALL THAT APPLY)

HIP(S) ☐ YES
KNEE(S) ☐ YES
ANKLE(S) ☐ YES
TOE(S) ☐ YES
SHOULDER(S) ☐ YES
ELBOW(S) ☐ YES

WRIST(S) ☐ YES
FINGER(S) ☐ YES
JAW(S) ☐ YES
SPINE ☐ YES
OTHER ☐ YES _____

WAS THERE MORE THAN ONE ATTACK OF ARTHRITIS SEPARATED FROM FIRST ATTACK BY AT LEAST 7 DAYS?

☐ Yes ☐ No ☐ UNKNOWN

IF YES, WHICH JOINTS WERE INVOLVED? _____

ANTIMICROBIAL THERAPY?

☐ Yes ☐ No ☐ UNKNOWN

WAS PATIENT HOSPITALIZED?

☐ Yes ☐ No ☐ UNKNOWN

DRUG	DATE STARTED			DOSE AND FREQUENCY	DURATION OF TREATMENT
	Mo.	DAY	Yr.		
DRUG 1:	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		
DRUG 2:	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		

EPIDEMIOLOGIC HISTORY

HISTORY OF TICK BITE IN MONTH PRIOR TO ILLNESS?

☐ Yes ☐ No ☐ UNKNOWN

Mo. DAY Yr.

IF YES, DATE

☐ ☐ - ☐ ☐ - ☐ ☐

IF TICK IDENTIFIED, WHAT KIND? _____

GEOGRAPHIC LOCATION OF TICK BITE: TOWN _____

COUNTY _____

STATE _____

IF NO HISTORY OF TICK BITE, WAS THERE EXPOSURE TO TICKS, SUCH AS IN WOODED AREAS?

☐ Yes ☐ No ☐ UNKNOWN

HISTORY OF OTHER INSECT BITE?

☐ Yes ☐ No ☐ UNKNOWN

HISTORY OF TRAVEL MORE THAN 30 MILES FROM HOME IN MONTH PRECEDING ONSET?

☐ Yes ☐ No ☐ UNKNOWN

IF YES, WHERE? _____

WHERE DOES PATIENT FEEL

DISEASE WAS ACQUIRED?

TOWN _____

COUNTY _____

STATE _____

LABORATORY DATA

SERUM DATE	RESULTS	METHOD	LAB
SEROLOGY 1 Mo. DAY Yr. <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>			
SEROLOGY 1 <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>			
SEROLOGY 1 <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>			

OTHER LAB DATA: _____

PHYSICIAN'S NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

PERSON COMPLETING FORM: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

LYME DISEASE REPORT FORM (PART A)

(PLEASE ANSWER THE QUESTIONS BELOW AND RETURN THIS ALONG WITH THE LYME DISEASE FORM)

NAME OF PATIENT: _____

1.) WAS THERE A TICK ATTACHED? ☐ YES ☐ NO ☐ UNKNOWN

2.) DID A RASH DEVELOP? ☐ YES ☐ NO ☐ UNKNOWN

3.) HOW SOON AFTER THE TICK-BITE DID THE RASH APPEAR? _____

4.) DESCRIBE THE RASH IN TERMS OF SIZE AND SHAPE: _____

5.) DID THE RASH EXPAND? ☐ YES ☐ NO ☐ UNKNOWN TO WHAT SIZE? _____

6.) HOW LONG DID THE RASH PERSIST? _____